



"People
helping people
help
themselves"

Frank O'Bannon, Governor
State of Indiana

Division of Disability, Aging, and Rehabilitative Services

402 W. WASHINGTON STREET, P.O.Box 7083
INDIANAPOLIS, IN 46204-7083

John Hamilton, Secretary

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To: Residential Providers and Case Managers Involved with the DD Waiver

From: Alison Becker, Bureau of Fiscal Services
Steve Cook, Bureau of Developmental Disabilities Services

Subject: DD Waiver – Health Care Coordination

We are working on an assessment tool to help determine eligibility and appropriate level of Health Care Coordination (HCC). Until the tool is complete, the following are issues that need to be taken into account by case managers, providers, Bureau of Developmental Disabilities Services and Bureau of Fiscal Services staff when determining the appropriate level of HCC an individual may need, if any.

Background/Foundation Thoughts

Under the DD waiver, "health care coordination" is a "skilled service" and is available for individuals who require services by a LPN or RN to "assure the health, safety and well-being of the individual". Many individuals on the DD waiver do not have medical issues or related needs that require this skilled service. People who are on the DD waiver are not categorically eligible for "health care coordination" services.

Some individuals may have medical issues or needs that are coordinated and managed very effectively by their physicians. Even though these individuals have medical conditions that require treatment, if the coordination and management of these conditions by their physician is sufficient to assure the health and well-being of the individual, the individual would not need the health care coordination service available under the DD waiver.



Finally, there are individuals who have medical needs that require additional HCC than is available through their primary health care providers to assure their health, safety and well-being. Health Care Coordination is intended to help maintain good health and prevent acute health situations for people who are at risk of not maintaining adequate health status due to a combination of factors that relate to their developmental and medical conditions.

Discussion of “at risk “ individuals (Illustrative-not intended to be all inclusive)

1. Individuals who exhibit self-injurious behavior may require HCC because of frequent self-inflicted injuries. Clearly persons with Self-Injurious Behavior (SIB) sustain more frequent injuries than most individuals as well as most persons with developmental disabilities. If we are not aggressive in treating the injuries associated with SIB, the individual is at risk for more serious health problems.
2. Persons for whom there is the use of chemical restraints, including persons receiving multiple kinds of psychotropic medications, may require HCC because the use of chemical restraints puts the individual at risk for severe side effects that require close monitoring to protect the health and safety of the individual. Side effects including irreversible motor tics, chronic constipation leading to bowel obstruction and the lowering of seizure thresholds are but a few of the most critical health issues that require close nursing surveillance to protect the health of persons receiving these medications.
3. Persons with a history of /or pattern of injuries. For example, a person with a pattern of falls may require HCC to help assure and maintain their health status. The pattern of injuries may be a consequence of medical conditions and/or behavioral incidents; however, regardless the person's experience of injuries puts them at risk for more serious health issues if more intensive HCC is not provided.
4. Persons, who medically are at risk of choking, including persons with any episodes of aspiration and/or gastro-esophageal reflux, may need HCC. One of the leading causes of death across the country for persons with developmental disabilities is choking and/or aspiration.
5. Persons with frequent and/or lengthy seizures. Many persons with seizures receive very good health care coordination from their neurologist. However, many individuals have very complex seizure disorders resulting in the need for very close monitoring of the frequency and duration of an individual's seizure. Clearly this type of tracking, including analysis of what might be precipitating events to seizures, is not a part of the work that neurologists do for most persons with seizures. HCC is particularly vital for persons who are receiving both psychotropic and anti-convulsant medications because of the interaction and effect that psychotropic medication has on lowering an individual's seizure threshold. Preventing seizures, limiting break through seizures and decreasing the length of seizures are all very important health goals and HCC goals for many persons with developmental disabilities.

Types of HCC Activities

The following list includes many activities that would be provided by a LPN or RN as a part of HCC. The list is not intended to be “all inclusive” but rather illustrative of HCC activities that may be needed to assure the health, safety and well-being for some individuals on the DD waiver.

Seizure Activity – Training on seizure first aid, training/review of protocols, reviews of seizure reports/records, consultations with neurologists, review lab results. Assess/monitor /coordinate services for new onset, increased activity, breakthrough, incidents of status epilepticus, hospitalizations, related injuries.

Aspiration/choking/GERD – Assess/ monitor /coordinate services for risk of/incident, assess/monitor pill size, train staff on protocol, and review/revise protocol as needed.

G-Tubes – staff training. Monitoring and/ or coordination of services for hydration, changes in weight tube site care/skin breakdown, tolerance of feeding, bowel functions, special positioning, and compliance issues. Review, revise as needed, staff interventions.

Medication Review/Administration - anti-convulsant, psychotropic, or combination of both - attend consultations/reviews of medications, consult with behavior specialists on chemical interventions, review monthly MAR, staff training and review of self medication programs, medication errors, monthly review and accuracy of physician orders.

Hospitalizations (acute/chronic), Falls, Frequent/Severe Accidents – Monitoring and/or coordination of assessments of gait, strength, coordination, adaptive equipment, underlying conditions, infection control, staff interventions and effectiveness.

Skin Assessments – Assessment/monitoring/coordination of services for risk of/skin breakdown (Stages 1-4).

Chronic Elimination Problems (urine and bowel) – Monitor and/or coordinate medications used as routine and emergency, train staff to monitor for signs/symptoms, effectiveness of current interventions, hospital related admissions.

Health Issues (acute/chronic) – Train/retrain staff on interventions, monitor effectiveness of interventions, coordinate specialists and evaluate treatment recommendations, review lab results, monitor, coordinate tests/results, review diets.

Consultations – IDT/ISP, Day Services, physicians. Allied health professionals, etc.

Injections – Routine and non-routine

Catheter/Trachea/Ostomy Care – Monitor output, odor, change in consistency/color, hospitalizations, develop and train staff on protocol, effects of treatment, skin care at site, coordinate specialists' recommendations.

Dental Care – Monitor oral hygiene (especially people who have medications which can cause dental problems), coordinate recommendations.

Health Concerns Resulting From Behavior Incidents – i.e. Pica, Severe Self Injurious Behavior, Severe Aggression, monitor and assess the injury, effects of medical interventions.

Immobility – Monitor and/or coordinate interventions for skin condition, prevention of skin breakdown, staff interventions and effectiveness of staff intervention, coordinate specialists and monitor/review recommendations.

Conclusions

- 1. Not everyone on the DD waiver needs or is eligible for health care coordination.**
- 2. Certain factors and combination of factors as illustrated above place some individuals at a higher risk of maintaining adequate health. These needs and factors are atypical for most persons who receive their HCC from their primary medical care provider. Health Care Coordination is appropriate for these individuals, as this skilled service will assist the individual in maintaining adequate health.**

We hope you find this information helpful in determining if HCC is needed, and if so, at what level. We continue to work on an assessment tool to help the Interdisciplinary Team in decision making. In the meantime, please contact Steve at (317) 233-3828) and/or Alison at (317) 234-1527.